



OUTLOOK MINOR SPORTS
 PO BOX 574 * OUTLOOK, SK * S0L 2N0
 outlookminorsports@gmail.com



REFUND REQUEST FORM

REGISTERED PLAYER'S INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

LAST DATE OF PARTICIPATION: _____

PARENT INFORMATION

FATHER NAME: _____

MOTHER NAME: _____

HOME PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

EMAIL: _____

REFUND INFORMATION

AGE GROUP APPLYING FOR: Initiation Novice Atom Pee Wee Bantam Midget

REASON FOR REFUND: _____

I, as the parent/legal guardian acknowledges that by completing this form and submitting it to Outlook Minor Sports, that my child will be removed from participation in this activity for the remainder of the season.

**OMS PRO-RATES REFUNDS AFTER THE ACTIVITY HAS COMMENCED.
 NO REFUNDS ARE ISSUED AFTER JANUARY 1ST.**

Signature of Parent: _____

Date: _____

FOR OMS USE ONLY

REGISTRATION REFUND: Approved Denied

REFUND AMOUNT: _____

REQUEST APPROVAL OR DENIAL SENT BY: Email Letter Other: _____

DATE OF REQUEST NOTIFICATION SENT ON _____ to _____.

OMS Chq# ____ and dated to be refunded on _____.

OMS TREASURER INITIAL: _____